

UNITED STATES SECURITIES AND EXCHANGE COMEMISSION Washington, D.C. 20549

FORM **6** 《 無N 2 3 2002

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

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	OM	B APPE	ROVAL	

OMB Number:

3235-0076

Expires:

May 31, 2002

Estimated average burden

113 per 10	J1111	10.00
SE	C USE ONLY	1
Prefix		Serial
DAT	E RECEIVE	D

Name of Offering (☐ check if this is an amendment and name has changed, and indicate change.)	
Stellar One Corporation 10% Senior Secured Promissory Note	
Filing Under (Check box(es) that apply): ☐ Rule 504 ☐ Rule 505 ☒ Rule 506 ☐ Section 4(6) ☐	ULOE
Type of Filing: ☐ New Filing ☐ Amendment	
A. BASIC IDENTIFICATION DATA	
Enter the information requested about the issuer	
Name of Issuer (☐ check if this is an amendment and name has changed, and indicate change.)	
Stellar One Corporation	
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
1750 112th Avenue N.E., Suite C-100, Bellevue, WA 98004	(425) 709-3800
Address of Principal Business Operations (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
(if different from Executive Offices)	
Brief Description of Business	
Interactive broadband services, products and technologies	
Type of Business Organization	BBAABABA
☐ corporation ☐ limited partnership, already formed ☐ other (please specification)	y): PROCESSED:
□ business trust □ limited partnership, to be formed	
	1 JAN 2 9 2002
Month Year	
Actual or Estimated Date of Incorporation or Organization: $\boxed{0}$ $\boxed{3}$ $\boxed{9}$ $\boxed{4}$	Actual PHOWSON
	FINANCIAL
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:	
CN for Canada; FN for other foreign jurisdiction)	[A]

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, f file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

,		A. BASIC IDEN	TIFICATION DATA		
2. Enter the information rec	quested for the fol	llowing:			
•	wner having the p	ssuer has been organized ower to vote or dispose,			or more of a class of equity
Each executive of	ficer and director	of corporate issuers and	of corporate general an	d managing part	ners of partnership issuers; and
 Each general and 	managing partner	of partnership issuers.			- · · ·
Check Box(es) that Apply	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	⊠ Director	☐ General and/or Managing Partner
Full Name (Last name first, Seifert, Christian M.	if individual)				
Business or Residence Add 1750 112th Avenue NE, St			Code)		
Check Box(es) that Apply	☐ Promoter	☐ Beneficial Owner	⊠ Executive Officer	⊠ Director	☐ General and/or Managing Partner
Full Name (Last name first, McDonald, Kirby M.	if individual)				
Business or Residence Add 520 Pike Street, Suite 2200			Code)		
Check Box(es) that Apply	☐ Promoter	☐ Beneficial Owner	⊠ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, Goux, Ben	if individual)				
Business or Residence Add 1750 112th Avenue NE, So			Code)		,
Check Box(es) that Apply	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	⊠ Director	☐ General and/or Managing Partner
Full Name (Last name first, Chan, Douglas	if individual)				
Business or Residence Add 33/F, New World Tower 1			Code)		
Check Box(es) that Apply	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	⊠ Director	☐ General and/or Managing Partner
Full Name (Last name first, Carleton, John T.	if individual)				
Business or Residence Add 1001 Fourth Avenue Plaza			Code)		
Check Box(es) that Apply	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	⊠ Director	☐ General and/or Managing Partner
Full Name (Last name first, Stuck, Barton W., Dr.	if individual)			,	
Business or Residence Add 578 Post Road East, Suite			Code)	-	
Check Box(es) that Apply	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	⊠ Director	☐ General and/or Managing Partner
Full Name (Last name first, Cable, Thomas J.	, if individual)				,
Business or Residence Add 203 Bellevue Way NE, #54			Code)		

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.) 2 of 8

*					
Check Box(es) that Apply	☐ Promoter	☐ Beneficial Owner		☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, Rubis, Lorne	if individual)				
Business or Residence Addr 1750 112th Avenue NE, Su	,		Code)		
Check Box(es) that Apply	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	⊠ Director	☐ General and/or Managing Partner
Full Name (Last name first, Madigan, Stephen M.	if individual)				
Business or Residence Addr 2003 Western Avenue, Ste.			Code)	-	
Check Box(es) that Apply	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	⊠ Director	☐ General and/or Managing Partner
Full Name (Last name first, Trent, Thomas M.	if individual)			-	
Business or Residence Addr P.O. Box 297, Tumacacori		Street, City, State, Zip	Code)		
Check Box(es) that Apply	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	⊠ Director	☐ General and/or Managing Partner
Full Name (Last name first, Jensen, James	if individual)				
Business or Residence Addr c/o SWD Holdings, 2 Thea					
Check Box(es) that Apply	☐ Promoter	⊠ Beneficial Owner	☐ Executive Officer	Director	☐ General and/or Managing Partner
Full Name (Last name first, Lake Silver Limited	if individual)				
Business or Residence Addr 33/F, New World Tower, 1					
Check Box(es) that Apply	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Addr	ess (Number and	1 Street, City, State, Zip	Code)		
Check Box(es) that Apply	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Addr	ess (Number and	1 Street, City, State, Zip	Code)		
Check Box(es) that Apply	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Addr	ess (Number and	Street, City, State, Zip	Code)		
	(Use blank		dditional copies of this sh 2a of 8	neet, as necessary.)	

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B. INFORMATION ABOUT OFFERING	-	
	Yes	<u>No</u>
1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?		×
Answer also in Appendix, Column 2, if filing under ULOE.		
2. What is the minimum investment that will be accepted from any individual?	\$	N/A
	Yes	No
3. Does the offering permit joint ownership of a single unit?4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission		
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commissio or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the nam of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.	e e	
Full Name (Last name first, if individual) Not Applicable		
Business or Residence Address (Number and Street, City, State, Zip Code)		
Name of Associated Broker or Dealer		·
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers		
(Check "All States" or check individual States)	□ All	States
[AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID] [IL] [IL] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO]		
[MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA]		
[RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [PR] Full Name (Last name first, if individual)	· · · · · · · · · · · · · · · · · · ·	
Business or Residence Address (Number and Street, City, State, Zip Code)		
Business of Residence Address (Number and Street, City, State, Zip Code)		
Name of Associated Broker or Dealer		
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers		
(Check "All States" or check individual States)	□ All	States
[AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID]		
[IL] [IL] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO] [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA]		
[RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [PR]		
Full Name (Last name first, if individual)		
Business or Residence Address (Number and Street, City, State, Zip Code)		
Name of Associated Broker or Dealer		
Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers		
Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)	- All	States
Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers	☐ All	States
[AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID]	□ All	States

		C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF	F PROCEE!	DS			
Ī.	Ente	er the aggregate offering price of securities included in this offering and the total amount already sold. er "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and icate in the columns below the amounts of the securities offered for exchange and already exchanged.					
		Type of Security	Aggrega Offering P		1	Amount Alre Sold	eady
		Debt ¹	§ 17,50	00,000	\$	10,25	6,330
		Equity					
		☐ Common ☐ Preferred					
		Convertible Securities (including warrants)	\$		\$.		
		Partnership Interests	§		. \$.		
		Other (Specify))	§		. \$		
		Total	17,50	00,000	<u> </u>	10,25	6,330
		Answer also in Appendix, Column 3, if filing under ULOE.					
2.	offe nun	er the number of accredited and non-accredited investors who have purchased securities in this ering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the of persons who have purchased securities and the aggregate dollar amount of their purchases on total lines. Enter "0" if answer is "none" or "zero."			4		
			Numbe Investor	-		Aggregate Dollar Amo of Purchas	unt
		Accredited Investors	29		. \$.	10,25	<u>6,330</u>
•		Non-accredited Investors	0		. \$.		0
		Total (for filings under Rule 504 only)			. \$.		
		Answer also in Appendix, Column 4, if filing under ULOE.					
3.	sold	his filing is for an offering under Rule 504 or 505, enter the information requested for all securities by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first of securities in this offering. Classify securities by type listed in Part C – Question 1.					
		Type of offering Not Applicable	Type o Securit			Dollar Amo Sold	unt
		Rule 505			. \$.		0
		Regulation A			. \$.		0
		Rule 504			. \$.		0
		Total			. \$.		
1.	this may	Furnish a statement of all expenses in connection with the issuance and distribution of the securities in offering. Exclude amounts relating solely to organization expenses of the issuer. The information y be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an mate and check the box to the left of the estimate.					
		Transfer Agent's Fees		⊠	\$_		0
		Printing and Engraving Costs		\boxtimes	\$_		0
		Legal Fees		\boxtimes	\$_	2	 0 <u>00</u> 0,0
		Accounting Fees		\boxtimes	\$_		0
		Engineering Fees.					
		Sales Commissions (specify finders' fees separately)					
		Other Expenses (identify)					
		Total				2	
							- 1500

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The securities sold pursuant to this offering are secured promissory notes which may become, under certain circumstances, convertible into equity securities of the Company. Additionally, subscribers receive warrants exercisable for up to between twenty-five and one hundred percent of the principal amount of the promissory notes purchased, depending on the circumstances.

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C. OFFERING PRICE, N	NUMBER OF INVESTORS, EXPE	ENSES AN	D USE OF P	ROCEEDS		
b. Enter the difference between the aggregate off total expenses furnished in response to Part C proceeds to the issuer."	- Question 4.a. This difference is	the "adjuste	ed gross		\$ <u>'</u>	17,480,000
. Indicate below the amount of the adjusted gross each of the purposes shown. If the amount for at the box to the left of the estimate. The total proceeds to the issuer set forth in response to Part						
			Paymer Office Directo Affilia	ers, rs &	-	nents to thers
Salaries and fees			\$	<u>0</u> 🗵	\$	0
Purchase of real estate			\$	<u>0</u> 🛭	\$	0
Purchase, rental or leasing and installation of	machinery and equipment		\$	<u>0</u> 🗵	\$	0
Construction or leasing of plant buildings and	facilities		\$	<u> </u>	\$	0
Acquisition of other businesses (including the offering that may be used in exchange for the pursuant to a merger)	assets or securities of another issuer		\$	<u>0</u> 🛭	\$	0
Repayment of indebtedness			\$	<u> </u>	\$	
Working capital			\$	<u>0</u> 🗵	\$	17,480,000
Other (specify).	·		\$	<u>0</u> 🗵	\$	0
Column Totals			\$	<u>0</u> 🗵	\$	17,480,000
Total Payments Listed (column totals added).			⊠ \$ <u>.</u>	1	7,480,000	
	D. FEDERAL SIGNATUR	EE.			<u> </u>	······································
The issuer has duly caused this notice to be signed ignature constitutes an undertaking by the issuer to information furnished by the issuer to any non-accretion.	o furnish to the U.S. Securities and	Exchange	Commission,			
ssuer (Print or Type)	Signature			Date	1	
Stellar One Corporation		<u> </u>			1/2	2/02
Name of Signer (Print or Type) Ben Goux	Title of Signer (Print or Typ Secretary	ne)				
JULI OVAL	Decretary					

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)